## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/ 56/004	
APPLICANT(S)	

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT		
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